



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Ridgebrook Insurance Services, Inc.<br>909 Ridgebrook Road<br>Suite 116<br>Sparks MD 21152     | <b>CONTACT NAME:</b> Alison Oswald<br><b>PHONE (A/C. No. Ext):</b> (443) 595-3100<br><b>FAX (A/C. No.):</b> (443) 595-3140<br><b>E-MAIL ADDRESS:</b> aoswald@ridgebrookins.com   |  |                               |        |  |       |   |       |                                   |       |            |  |            |  |            |
|---|--|--|-------------------------------|--------|--|-------|---|-------|-----------------------------------|-------|------------|--|------------|--|------------|
|   | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Atlantic States Insurance Co.</td> <td>22586</td> </tr> <tr> <td>INSURER B: Donegal Mutual Insurance Co.</td> <td>13692</td> </tr> <tr> <td>INSURER C: Trumbull Insurance Co.</td> <td>27120</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Atlantic States Insurance Co. | 22586 | INSURER B: Donegal Mutual Insurance Co. | 13692 | INSURER C: Trumbull Insurance Co. | 27120 | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |  |                               |        |  |       |   |       |                                   |       |            |  |            |  |            |
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| INSURER D:  |  |  |                               |        |  |       |   |       |                                   |       |            |  |            |  |            |
| INSURER E:  |  |  |                               |        |  |       |   |       |                                   |       |            |  |            |  |            |
| INSURER F:  |  |  |                               |        |  |       |   |       |                                   |       |            |  |            |  |            |
| <b>INSURED</b><br>Robnet, Inc.<br>The Baltimore Bolt & Nut Co., LLC<br>3100 Washington Blvd<br>Baltimore MD 21230 |  |  |                               |        |  |       |   |       |                                   |       |            |  |            |  |            |

**COVERAGES**

CERTIFICATE NUMBER: 17-18 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CPA8898511    | 1/1/2017                | 1/1/2018                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          | CAA8898511    | 1/1/2017                | 1/1/2018                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Uninsured motorist combined \$ 1,000,000                                    |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$ 0  |           |          | CXL8898511    | 1/1/2017                | 1/1/2018                | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | 30WECLI0582   | 1/1/2017                | 1/1/2018                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Lease #3365-FML1. Certificate Holder is included as Additional Insured/Lessor & Loss Payee as respects leased computer equipment & software valued at \$48,099.22. Note: Policy CPA8898511 Includes Blanket Building & Business Personal Property Limit \$4,249,000. \$1000 Deductible. Special Form, Replacement Cost.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br>Scott Graham/ALLIS   |

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